

October 5, 2015

Victoria Wachino  
Director  
Center for Medicaid and CHIP Services  
Centers for Medicare and Medicaid Services  
200 Independence Ave, SW  
Washington, DC 20201

Dear Ms. Wachino:

Thank you for the opportunity to comment on Washington State's 1115 waiver application. We appreciate and applaud the Health Care Authority's initiative to establish interventions to improve health and reduce costs for Washington State Medicaid enrollees. Doing so has the potential to both assure a sustainable future for Medicaid in the coming five years and also to yield savings which may be invested for healthier Washingtonians over the long term. Utilizing cross-systems expertise and regional health needs assessments are exciting approaches to identify effective innovations for both health and healthcare.

We look forward to working closely with the Health Care Authority to make investments across the lifespan of Medicaid enrollees, including a focus on prevention for children who are nearly half of covered lives, as well as much-needed investments for people who have significant health needs and costs. In establishing specific strategies for children, the Health Care Authority can sustain savings beyond the waiver period, as early investments will prevent development of chronic disease as enrollees become adults. Collectively in Washington State, we have the evidence, knowledge and skill to implement proven strategies to advance child health and set the course for lifelong health.

WCAAP will work closely with the Health Care Authority on developing the "menu" of transformation project options to assure evidence-based, upstream investments reach Washington children. As pediatricians we are highly knowledgeable in prevention and population-based approaches to positively impact health. We also know the importance of breaking down silos to assure the health of children, families and our community. We look forward to assuring pediatricians' voices help the Washington State HCA and ACH's transform healthcare in ways that will benefit health, and are also scalable, practical and meaningful.

As cost-savings are achieved from waiver investments in aging populations, it is vital to stem the tide of rising healthcare costs and to **reinvest** in the least expensive and most effective care: pediatric care. We have five approaches we would like to see implemented under Medicaid in Washington State to foster a lifetime of health beginning in childhood:

- 1.) Improving access to pediatric care
- 2.) Assuring children preventive standard of care
- 3.) Increasing children's timely access to behavioral health care
- 4.) Investing in clinic-based care coordination for cost-effective, coordinated services to follow behavioral, chronic or special needs identified through screening
- 5.) Implementing pediatric measures for value-based care which will improve child health

Assuring timely access to pediatric care is a sound investment in addressing disease at its most preventable stages. The cost of providing quality preventive care for children is minimal compared to the cost of treating illnesses that could be prevented altogether. We welcome any potential opportunity to increase Medicaid payment for pediatric care, which we know is about 60% of what commercial plans typically reimburse, and about two-thirds of Medicare payment. We would like to partner with the Health Care Authority to better understand and measure regional barriers to timely access to pediatric care so we may pursue a common agenda of improving children's access in an informed fashion.

We would like to work with the Health Care Authority to implement the Bright Futures schedule to assure needed preventive investments in Medicaid. Implementing Bright Futures as standard of care will improve the identification of behavioral health and psychosocial needs as early as possible. When we address child health issues early, we see better outcomes and spend less money on health care. Over half of adults in the U.S. who have mental health disorders had symptoms by age 14, indicating the need for early detection and intervention, and the opportunity for the Health Care Authority to improve the quality of health for enrollees and ultimately decrease rising costs amongst insured adults.

Services must follow screening to improve health and timely access to children's mental health treatment continues to be a significant problem in our state. There are many barriers to effectively engaging families in behavioral health services which are unique to Washington State, and we would like to partner with the Health Care Authority to systematically overcome these barriers for children. Barriers include the processes required of physicians and families to successfully initiate counseling services, the supply of specialty mental health prescribers, and the preparedness of mental health therapists to provide evidence-based pediatric care. We look forward to working with the Health Care Authority to improve existing systems to be able to provide tangible behavioral health services for Medicaid covered children in the following ways:

- Fully implementing Bright Futures Recommendations for Preventive Pediatric Health Care will allow and increase early mental health assessments in primary care settings that can be tracked/measured.
- Improve primary care pediatric providers' ability to identify and treat early and mild mental health needs within the primary care setting while in the process of referring children to mental health professionals. Training and reimbursing primary care providers in assessment, rapid interventions and referral resources is a way for Washington to provide services at a lower cost, as well as providing early and preventive intervention.
- Promote collaborative access to mental health services which are practically implemented statewide, so that families can receive ongoing mental health services supported by or within their medical home. Timely communication, ongoing coordination and information sharing between primary care providers and community mental health providers is essential to effectively serve children with mental health needs. We would also like to work together to increase use of mental health specialists within the context of the medical home.

- Remove barriers to access to evidence based psychotherapy, behavioral therapy services, and outpatient psychiatric specialty prescribers skilled in the care of youth.
- Assure provision of an adequate provider network for mental health services through the Apple Health plans. Once network adequacy is assured, HCA and MCO's promote to parents and providers knowledge and awareness that the Apple Health for Kids plans provide mental health services for children and youth.
- Improve access to inpatient care services throughout the state.
- Improve access to child psychiatrist assessments for children awaiting an inpatient care bed (possibly through telemedicine).

Care coordination can improve cost-effective care for more socially and medically complex pediatric patients. We look to the Health Care Authority to make sound investments in office based pediatric care coordination, to improve the lives of children living with medical and or social complexities and to reduce the costs of caring for these patients. For example, we point to the promising practice being established under the Community Based Child Wellness Initiative in which the HCA and MCO's are partnering with primary care providers to establish primary care offices certified as Care Coordination Organizations to fund care coordination by nurses or social workers in primary care medical homes. This work underway is an example of a needed investment to help the HCA and primary care pediatric practices achieve the triple aim.

Finally, we are already in close contact with the Health Care Authority about how to improve the state's current measures for cost-effectiveness and quality, to include metrics which will reinforce the strategies we have outlined in this letter and ultimately make meaningful improvements in child health. We have shared with the Health Care Authority seven additional metrics which are practical to implement and will measure our progress implementing cost-effective prevention, behavioral health care and management of chronic disease.

The waiver is an important opportunity to reinvest in the health of the next generation, starting now. This can be accomplished through focused efforts on improved access to pediatric preventive care and early intervention centered in Bright Futures, a multi-pronged approach to improve the integration of behavioral and medical healthcare for children, and improved care coordination across the pediatric continuum of care. We look forward to partnering with the Health Care Authority in these achieving the goals of healthcare transformation.

Respectfully,



Michael Dudas, MD, FAAP  
President, WCAAP